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is common now, but that obviously is too late in many instances. How can we go about getting people to be open about genetics and such diseases in their family histories? Siblings of a defective child often have said the following to me: "If I marry and have children am I apt to have a child like my brother (sister)? If so I won't have any children. I will adopt one instead."

It should be obvious to everyone working with handicapped persons that there is a very great need for more and better health education in this field. Physicians, other health workers, teachers, parents and children should know their bodies—structure, function, maintenance and reproduction—and they should also "know their genes." Let's be open about it and get the knowledge "out of the closet."

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Blood Pressure Measurement in Children

TO THE EDITOR: Having practiced pediatrics and eventually practicing general medicine, for the past 22 years, I have recognized the significance and importance of hypertension in children. The article and editorial on the subject in the April issue were of great value in corroborating the feelings that I have had concerning elevated blood pressures in the pediatric and adolescent age groups.

The description of the method of taking blood pressures in youngsters in this age group, though, leaves something to be desired in the light of some new methodology which has been on the market for the past several years. I am alluding to the technique of taking blood pressure with instruments using oscillofluidics which do not involve the use of a stethoscope and do not need the auscultation of Korotkoff's sounds. These instruments pick up the pulsation of the artery directly through the cuff and through a transducing mechanism, and give you a readout of the patient's blood pressure. I have used the instruments in my private practice and I find that they are fantastically accurate, and particularly useful in the pediatric age group. A crying child, extraneous

noises or even a mother trying to soothe the child while you take the blood pressure, will have no effect on the reading of the blood pressure, therefore insuring the accuracy of the reading as compared with the classical type of reading involving use of stethoscopes, microphone amplifiers and the reading of manometers as well as determination of first, second, third, fourth and fifth phases.

The instrument I have used in my office is the Medtek BPI 420, which has been a great boon to me in the taking of blood pressures and might very well foretell the wave of the future in physicians' evaluation of blood pressure in the pediatric age group.

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Eradicating Handgun Violence

TO THE EDITOR: I am absolutely appalled by the editorial on violence by handguns in the May issue.¹

It may well be true that the nation has considerable infatuation with violence by handguns as demonstrated in motion pictures and news media, but how does one conclude that Americans condone violence by handguns? Many, but not all, polls have shown Americans in favor of stricter handgun controls.

Should the medical profession stop its campaign to curb alcoholism? After all, most alcoholics enjoy drinking. Should we stop our efforts to reduce cigarette smoking?

I totally disagree with the contention that banning or registering handguns cannot solve the problem. Obviously it will take many years to reduce the large number of handguns in circulation. The fact that it may take a long time is no argument against making the effort in view of the thousands of people who are killed each year and the many more who are wounded by handguns. It has taken 200 years to eliminate deaths from smallpox. Should we argue that smallpox vaccinations should never have been advocated by the profession in view of the length of time it would take to eradicate this disease?

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